

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **12735**

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

Registrar's No.

70.1

1. PLACE OF DEATH

a. COUNTY

ST. LOUIS

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

WEBSTER GROVES

c. LENGTH OF
STAY (in this place)
4 mo.d. FULL NAME OF
HOSPITAL OR
INSTITUTION

730 BROOKDALE DR.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

WISC.

b. COUNTY

WHITE-FISK BAY

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

MILWAUKEE

8480

d. STREET
ADDRESS

346 E. LAKEVIEW AVE

3. NAME OF
DECEASED

(Type or Print)

a. (First)

ANNA

b. (Middle)

BOETTCHER

c. (Last)

4. DATE

OF
DEATH(Month) (Day) (Year)
MAR. 7 1953

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. MARRIED, NEVER MARRIED,
WIDOWED, DIVORCED (Specify)
MARRIED

8. DATE OF BIRTH

JULY 11, 1886

9. AGE (in years
last birthday)

66

IF UNDER 1 YEAR

Months Days

IF UNDER 2 HRS.

Hours Min.

10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR IN-
DUSTRY

AT HOME

11. BIRTHPLACE (State or foreign country)

BRILLION WISC.

12. CITIZEN OF WHAT
COUNTRY?

U.S.A.

13a. FATHER'S NAME

GEORGE ARNS

13b. MOTHER'S MAIDEN NAME

CATHERINE

14. NAME OF HUSBAND OR WIFE

EDWARD BOETTCHER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY
NO.

NONE

17. INFORMANT'S SIGNATURE OR NAME

Walter Haberman 730 Brookdale Dr.

18. CAUSE OF DEATH

Enter only one cause per
line for (a), (b), and (c)I. DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH* (a)

MEDICAL CERTIFICATION

Cardio Renal Disease

*This does not mean
the mode of dying, such
as heart failure, asthenia,
etc. It means the dis-
ease, injury, or complica-
tion which caused death.

ANTECEDENT CAUSES

Morbidity conditions, if any, giving
rise to the above cause (a) stating
the underlying cause last.

DUE TO (b)

Chronic Nephritis

II. OTHER SIGNIFICANT CONDITIONS.

Conditions contributing to the death but not
related to the disease or condition causing death.

Probable Tuberculosis of lung

19a. DATE OF OPERA-
TION

19b. MAJOR FINDINGS OF OPERATION

592XA

21a. ACCIDENT
SUICIDE
HOMICIDE

(Specify)

21b. PLACE OF INJURY (e.g., in or about
home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP)

(COUNTY)

(STATE)

21d. TIME
OF
INJURY

(Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED

WHILE AT
WORKNOT WHILE
AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/27, 1953, to 3/2, 1953, that I last saw the deceased
alive on 3/2, 1953, and that death occurred at 4:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE

Carl Brand MD

(Degree or title)

23b. ADDRESS

Webster Groves Mo 3/3/53

23c. DATE SIGNED

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

REMOVAL VIA RAIL

24b. DATE

3-4-1953

24c. NAME OF CEMETERY OR CREMATORY.

24d. LOCATION (City, town, or county) (State)

MILWAUKEE, WISC.

DATE REC'D BY LOCAL
REG.

3-3-53

REGISTRAR'S SIGNATURE

Heckert R. D. Smith - M.D.

25. FUNERAL DIRECTOR'S SIGNATURE

Mathews Funeral Home, Inc.
730 W. Lombard Ave.
Webster Groves Mo.

P.T. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.